Mississippi S-Corporation Income and Franchise Tax Return

or Fiscal Year Beginning/ and Ending ▶	FEII	V	:	-						
ne of Corporation		• • • • • •			• • • • •			• • • • •	• • • • •	•••••
ing Address (PO Box or Street Including Rural Route)		<u>:</u>	:	.i i	<u>:</u> .	· • • • • • • • • • • • • • • • • • • •	:.	:	: .	<u>:</u>
State			· · , · · ·	• • • • •		· · · ·		 	Cou	unty Cod
		.	. i	-					: : :	
Check All That Apply: Final Return Short Year Return	1	:::	Addre	ss Ch	ange				(See	Instructi
Check All That Apply: 100% Mississippi Multistate Direct			Multist	ate.			: : :	Com	posite	Retur
Accounting		,	Apport	ioning						
	te of Electic	n as a	n S-Co	orpora	tion:	:	:	:	:	:
Number of Schedule K-1's attached:				r · · · ·	 :	······································			· · · · :	
1. Taxable Capital (From Form 83-110, Line 18)	1. 1	▶ }			; }		:			
2. Franchise Tax Due (From Form 83-110, Line 21) Minimum tax of \$25	2.	:		:	: 	<u>.</u>		;		
3. If this corporation is the owner of a QSSS or a SMLLC doing business in Mississippi, enter the name and FEIN of the QSSS or										
the SMLLC. If more than one, attach list.	FEIN:	:	-							
NAME: Mississippi Not Tayabla Jasama (Entar 7EPO unless filing composite			Rour	nd All	Amou	ınts t	o the	Near	est D	ollar
4. Mississippi Net Taxable Income (Enter ZERO, unless filing composite return). Composite Filers enter amount from Form 85-122, Line 20	4. 6	> [
5. Total Income Tax (Composite Return Only See Instructions)	5.	: :		<u>.</u>	: : :					
^{6a.} Ad Valorem Tax Credit (From Form 83-401, Schedule A)	6a. 22	>								
6b-Other Credits (From Form 83-401. Enter Credit Code and amount.)										
>		6b.		:		:		:	:	:
7.Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b)	7.			:	 ! !	:		• • • • •	• • • • • •	
8 Total Franchise and Income Tax Due - Line 2 (Plus Line 7 if	8.								• • • • • • • • • • • • • • • • • • • •	:
6. filing Composite) a Interest and Penalty on Underestimated Income Tax Payments	9. 26					•		• • • • •		
9. (Attach Form 83-305)	_,	•	•	. i	ļ			• • • • •	· · · :	• • • • •
10. Total of Lines 8 and 9.	10.	:			! !				.	
11. Overpayments from Prior Year	11.			. .	ļ 					
12. Estimated Tax Payments and Payment with Extension.	12.	:								
13. Total Payments (Line 11 Plus Line 12)	13.	:	:	:	<u>:</u>	<u>.</u>		;		
14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13)	14.	:								
15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month (See Instructions)	15. 29	>	:	:		:			:	
16. Amount Paid with this Return. (Line 14 plus Line 15) Make payable to: State Tax Commission AMOUNT PAID	16. 31	>						:	:	
17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment.	17.			!	``````````````````````````````````````					
18. Amount of Overpayment (Line 17) to be Refunded REFUND	18. 33	.				:		• • • • •	• • • • • •	• • • • •
19. Amount of Overpayment (Line 17) to be Credited to Next Year.	19. 34			· <u>.</u>	<u>.</u>					
. , ,		÷			.	:		;		
This return may be discussed with the preparer: Yes declare, under the penalties of perjury, that this return (including any accompanying sche	No dules) has h	oon ov	amino	l by m	and 4	to the	haet a	of my L	nowlo	dae e
elief is a true, correct, and complete return.	uules) IIas L	een ex	amme	ı by iii	<i>:</i> anu i	انا نا	Desi C	,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	ano wie	ugear
Officer Signature and Title	Date				Tax De	partme	ent Ph	one		
Daid Dranger Cigneture	חב: א די	ro poss-	۸۵۵							
Paid Preparer Signature Date	Paid P	reparer	Addres	5						

Mississippi S-Corporation Income and Franchise Tax Return 2004

Page 2

0	2007												
Corporate Information 1. DBA	2. County locations in Mississ	sippi.		L		L							
Principal business activity in Mississippi.	4. Principal business activity	Principal business activity everywhere.											
Principal product or service in Mississippi.	6. Principal product or service	6. Principal product or service everywhere.											
7. Contact person for this return.	stact person for this return. 8. Contact person location a												
				()									
9. If final return, check reason and enter date effective:	Date												
Dissolving Mississippi Corporation Withdrawing	Non-Mississippi Corporation from State	∷∷ Sc	old MS As	sets	Merged	b							
S-Status Terminated Other:													
If you checked Sold or Merged, provide the following: New company or owner's name and address.													
				FEIN									
Former owner's forwarding address		Phone)									
		Phone	()									
10. Is this corporation a partner/member in a partnership, LLP of If Yes, attach Mississippi Form K-1(s).	or LLC doing business in Mississippi?		:::	Yes	: : :	No							
11. Has the corporation filed amended federal returns in the las	et three vears?		:::	Yes	: : :	No							
If Yes, list years	•												
12. Has the IRS made any changes to your taxable income in t	the last three years?		:::	Yes	:::	No							
If Yes, list years	oration filed Mississippi amended returns for anges to taxable income were made by the	or all e IRS?	: . :	Yes		No							
14. Did this corporation file any prior year return in which it clair but did not make the appropriate adjustments to back out si	med 30% or 50% special federal depreciat uch depreciation in determining its income	ion allowan to this stat	ice, ;;; ce?	Yes		No							
List of Officers - This schedule MUST be completed													
President: Name and Home Address	Social Security Number		Owne	rship%									
:		Salary			• :								
fice President: Name and Home Address	Social Security Number		Owne	rship%									
Not notice in the same and notice had been					•	: %							
		Salary	:	-:									
reasurer: Name and Home Address	Social Security Number		Owne	rship%									
		Salary	<u> </u>		•								
	0 110 7 N												
Secretary: Name and Home Address	Social Security Number		Owne	rship%		%							
:	andro von de produced e transcriber.	Salary	· · · · · · · · · · · · · · · · · · ·		-:: -::::								
		: :	:	: :		: :							